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Approved for use through 10/31/2002. OMB 0651-0031

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TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number	10/027450	1		
Filing Date	December 20, 2001	田		
First Named Inventor	S. C. Falco et al	H		
Group Art Unit	T. Saidha			
Examiner Name	1652	田		
Attorney Docket Number	07560-00030 BB1126USDIV	1600		
URES (check all that apply)				
		76		

ENCLOSURES (check all that apply)							
X Fee Transm	ittal Form	Assignment Papers (for an Application)	After Allowance Communication to Group				
X Fee A	ttached	Drawing(s)	Appeal Communication to Board of Appeals and Interferences				
X Amendment	t/Reply	Licensing-related Papers	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)				
After F	Final	Petition	Proprietary Information				
Affida	vits/declaration(s)	Petition to Convert to a Provisional Application	Status Letter				
X Extension of	f Time Request	Power of Attorney, Revocation Change of Correspondence Address	X Other Enclosure(s) (please identify below)				
Express Aba	andonment Request	Terminal Disclaimer	Return postcard Check for \$110.00				
Information	Disclosure Statement	Request for Refund					
Certified Co	py of Priority	CD, Number of CD(s)					
Response to Missing Parts/ Incomplete Application		Remarks					
Response to Missing Parts under 37 CFR 1.52 or 1.53							
	SIGNA	ATURE OF APPLICANT, ATTORNEY, OR A	AGENT				
Firm <i>or</i> Individual Name	CONNOLLY BOVE LODGE & HUTZ LLP Liza D. Hohenschutz - 33,712						
Signature	Lize D. Ishenschutz						
Date	March 13, 2003	δ					

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Dated: Mach 13, 2003

PTO/SB/17 (01-03)

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		Complet if Known						
FEE TRANSMITTAL for FY 2003 Patent fees are subject to annual revision.			Application Number			10/027450		
			Filing Date			December 20, 2001		
			First Named Inventor			S. C. Falco et al		
			iner Na		101	T. Saidha		
Applicant claims small entity status. See 37 CFR 1.27	ŀ					1652		
			Art U				2020 LIC DD442	CLICONY
TOTAL AMOUNT OF PAYMENT (\$) 110.00		Attom	ey Do	cket No			0030-US BB112	אומפטי
METHOD OF PAYMENT (check all that apply)	 			FEE	CALCUL	ATION (co	ontinued)	
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Deposit Account	Large	Entity	Small	Entity				Ç
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Number	Code	(\$)	Code	(\$)		1 00 200		Fee Paid
Deposit Account Connolly Bove Lodge & Hutz LLP	1051	130	2051	65	Surcharge	- late filing fe	ee or oath	
Name The Commissioner is hereby authorized to: (check all that apply)	1052	50	2052	25	Surcharge sheet.	- late provisi	onal filing fee or cover	
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application	1812	2,520	1812	-	-		parte reexamination of SIR prior to	
Charge fee(s) indicated below, except for the filing fee	1804	920*	1804	920*	Examiner a	ction	•	
to the above-identified deposit account.	1805	1,840*	1805	1,840*	Requesting Examiner a	publication	of SIR after	1
FEE CALCULATION	1251	110	2251	55		for reply withi	n first month	110.00
1. BASIC FILING FEE	1252	410	2252	205	Extension f	or reply withi	n second month	
Large Entity Small Entity Fee	1253	930	2253	465	Extension f	or reply withi	n third month	
Fee Fee Fee Fee Fee Description Fee Paid	1254	1,450	2254	725	Extension f	or reply withi	n fourth month	
1001 750 2001 375 Utility filing fee	1255	1,970	2255	985		or reply withi	n fifth month	
1002 330 2002 165 Design filing fee	1401	320	2401	160	Notice of A			
1003 520 2003 260 Plant filing fee 1004 750 2004 375 Reissue filing fee	1402	320 280	2402 2403	160 140	-	ef in support o r oral hearing	• •	
1005 160 2005 80 Provisional filing fee	1451	1,510	1451			_	olic use proceeding	
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SUBTOTAL (1) (\$) 0.00	1453	1,300	2453	650	Petition to a	revive - uninte	entional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,300	2501	650	Utility issue	fee (or reiss	ue)	
Extra Fee from Claims below Fee Paid	1502	470	2502	235	Design issu	ue fee		
Total Claims20** = x =	1503	630	2503		Plant issue			
Independent -3** = x = x	1460	130	1460	130	Petitions to	the Commis	sioner	
Multiple Dependent =	1807	50	1807	50	Processing	fee under 37	CFR 1.17(q)	I
Large Entity Small Entity	1806	180	1806	180			on Disclosure Stmt	I
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1202 18 2202 9 Claims in excess of 20	1809	750	2809	375	Filing a sub	mission after	final rejection	
1201 84 2201 42 Independent claims in excess of 3	1810	750	2810	375	(37 CFR 1. For each at	129(a)) dditional inve	ntion to be	
1203 280 2203 140 Multiple dependent claim, if not paid	1					37CFR 1.129		
1204 84 2204 42 ** Reissue independent claims over original patent	1801	750	2801			r Continued E r expedited e	Examination (RCE) xamination	
1205 18 2205 9 ** Reissue claims in excess of 20	1802	900	1802	900	of a design			
and over original patent	i	ee (spec						
SUBTOTAL (2) (\$) 0.00 *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 110.00								
SUBMITTED BY	Registr	ation No	12.5				(if applicable)	
Name (Print/Type) Liza D. Hohenschutz	(Attorne		33	712		Telephone	(302) 658-9141	
Signature Ling O. Haherschut	<u> </u>					Date	March 13, 2003	j
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I hereby certify that this corre					t Class Mail, in
an envelope addressed to: (Commissioner for	Petents, Washington, DC	20 2 31, on the date :	shown below.	
an envelope addressed to: 0 Dated: March 13, 2003	Signature:	1mux 9	Manunda	الله Hamm)	